

STATE CASE ID 207

-----DETACH HERE (Identifying information above should not be sent to CDC)-----

Size _____ STATE CASE ID _____
 Bubella Surveillance Worksheet CLEV

STATE CASE ID _____
CITY _____

Event name Rubella Event code 10200 Case count 1 (For individual record)

Event type <u>1</u> 1 Onset date of cough	Event date <u> </u> / <u> </u> / <u> </u>	*Outbreak <u> </u> (Leave blank unless
[Note: If onset date cannot be determined, provide	Month Day Year	Associated <u> </u> case affiliated with
one of the following (listed in order of preference)] ;		outbreak & want to
2 Date of diagnosis		note outbreak
name/no.)		
3 Date of lab result		
4 Date of 1st report		
5 State/MMWR report		

MMWR week (inserted by computer pgm--
date record entered) Year (inserted by computer pgm) Date of report / /
Month Day Year

Comments _____	Imported ____	1 Indigenous (acquired in USA reporting state)	Case status ____	1
Confirmed			(report	2
(Other data)		2 International (acquired outside USA)	status)	3
Probable		3 Out of State (acquired in USA outside reporting state)		9
Suspected		9 Unknown		
Unknown				

CLINICAL DATA (Y=Yes, N=No, U=Unknown)

Rash? Y N U Rash onset / /
 Month Day Year
Rash duration (range 0-30;
 (days) 99 Unknown)

Fever? If recorded, highest measured temperature (range 36.0-110.0;
Y N U 999.9 Unknown)

Arthralgia/Arthritis? _____
Y N U

Lymphadenopathy? _____
Y N U

Conjunctivitis? _____
Y N U

COMPLICATIONS

Encephalitis? Y N U Arthralgia/Arthritis? Y N U Thrombocytopenia? Y N U

*Death? Y N U Other complication? Y N U If other complication, specify _____

Hospitalized due to rubella? Y N U	Days hospitalized (days)	(range 0-998; 999 Unknown)

LABORATORY Was testing for rubella done? _____
Y N U

IgM result _____	Date IgM specimen taken _____/_____/_____	<u>IgM results</u>
	Month Day Year	P Positive
		N Negative
		I Indeterminant
		E Pending
		X Not done
		U Unknown

IgG result _____	Date IgG acute specimen taken _____/_____/_____	<u>IgG results</u>
	Month Day Year	P Significant rise in IgG
		N No significant rise in IgG
		I Indeterminant
Date IgG convalescent specimen taken _____/_____/_____	Month Day Year	E Pending
		X Not done
		U Unknown

Other laboratory result _____ IgM results Specify other laboratory method _____
P Positive

N Negative
I Indeterminant
E Pending
X Not done
U Unknown

Was case laboratory confirmed? ____ (calculation included in
Y N NETSS program)

VACCINE HISTORY

Had case ever received
rubella-containing vaccine? Y N U

Vaccination Date
(month/day/year) (if month and year
are known and exact
date is not known,
enter 15 for day)

1. ____/____/____
2. ____/____/____
3. ____/____/____
4. ____/____/____

Number of doses received ON or AFTER 1st birthday ____

If case wa not vaccinated, what was the reason? ____

1 Religious exemption
2 Medical contraindication
3 Philosophical objection
4 Laboratory evidence of previous disease
5 MD diagnosis of previous disease
6 Under age for vaccination
7 Parental refusal
8 Other
9 Unknown

EPIDEMIOLOGIC INFORMATION

Date FIRST REPORTED to a health department ____/____/____
Month Day Year

Date case investigation started ____/____/____
Month Day Year

Transmission Setting ____ Were age and setting verified? ____
(Where did this case Y N U
acquire measles?)

1 Day Care
2 School
3 Doctor's Office
4 Hospital Ward
5 Hospital ER
6 Hospital Outpatient Clinic
7 Home
8 Work
9 Unknown
10 College
11 Military
12 Correctional Facility
13 Church
14 International Travel
15 Other

If transmission setting not among those listed and known, what was transmission setting? ____

*Outbreak Related? ____ If yes, outbreak name ____
Y N U (Name of outbreak this case is associated with)

*Source of exposure ____ enter State ID if source was an in-state case (imported entry on core screen = 1)
for current case enter Country if source was out of USA (imported entry on core screen = 2)
enter State if source was out-of-state (imported entry on core screen = 3)

*Epi-linked to another confirmed or probable case ____
Y N U

RUBELLA FORM FOR PREGNANT WOMEN

Was the case a pregnant woman? ____
Y N U

Number of weeks gestations (or trimester) at onset of illness ____

1st - First trimester
2nd - Second trimester
3rd - Third trimester
1 - 1 week
2 - 2 week
3 - 3 week
(Etc.--continue up to 45 weeks)

Prior evidence of serological immunity ____
Y N U

Year of test ____ (range 1940-2010) Or age of patient at time of test ____ (range 0-50, 99 Unknown)

Was previous rubella serologically confirmed? ____
Y N U

Year of disease ____ (range 1940-2010) Or age of patient at time of disease ____ (range 0-50, 99 Unknown)

***NOTES**

Age	Age of patient at rash onset in no. of years, months, weeks, or days as indicated by AGETYPE
Race	"4" is not used. It was formerly used for Hispanic, which is now indicated under "ETHNICITY"
Outbreak (Rubella)	— cases (with at least one laboratory confirmed case) clustered in space and time
Death	If patient died from rubella, verification with the physician is recommended.
Source of exposure	A source case must be either a confirmed or probable case and have had face to face contact with a subsequent generation case. Exposure must have occurred 7 to 18 days before rash onset of the new case, and between 4 days before rash onset and 7 days after rash of the source case.
Epi-linked	An epi-linked case is either a source case or same generation case. Epi-linkage is characterized by direct face to face contact. For same generation cases that are epi-linked a common exposure is likely.
